

BEST AVAILABLE COPY

Dec. 8, 2004  
PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2004

Application or Docket Number

10/649626

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

|   |  |              |                          |
|---|--|--------------|--------------------------|
| <b>TOTAL CLAIMS</b>                     |  |              |                          |
| FOR                                     |  | NUMBER FILED | NUMBER EXTRA             |
| <b>TOTAL CHARGEABLE CLAIMS</b>          |  | minus 20 =   | *                        |
| <b>INDEPENDENT CLAIMS</b>               |  | minus 3 =    | *                        |
| <b>MULTIPLE DEPENDENT CLAIM PRESENT</b> |  |              | <input type="checkbox"/> |

SMALL ENTITY  
TYPE  OR OTHER THAN  
SMALL ENTITY

| RATE         | FEES   | RATE         | FEES   |
|--------------|--------|--------------|--------|
| BASIC FEE    | 395.00 | OR BASIC FEE | 790.00 |
| X .25        |        | OR X .50     |        |
| X 100        |        | OR X 200     |        |
| +180         |        | OR +360      |        |
| <b>TOTAL</b> |        | <b>TOTAL</b> |        |

\* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT A   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         |
|---|---|-------|---|--------------------------|
|   | Total                                     | 4     | Minus                                       | 20                       |
| Independent   | 1   | Minus | 3   | =                        |
| <b>FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM</b> |   |       |   | <input type="checkbox"/> |

SMALL ENTITY OR OTHER THAN  
SMALL ENTITY

| RATE                   | ADDI-<br>TIONAL<br>FEE | RATE                   | ADDI-<br>TIONAL<br>FEE |
|------------------------|------------------------|------------------------|------------------------|
| X .25                  |                        | OR X .50               |                        |
| X 100                  |                        | OR X 200               |                        |
| +180                   |                        | OR +360                |                        |
| <b>TOTAL ADDT. FEE</b> |                        | <b>TOTAL ADDT. FEE</b> |                        |

| AMENDMENT B   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         |
|---|---|-------|---|--------------------------|
|   | Total                                     | Minus |   | =                        |
| Independent   | Minus                                     |       |   | =                        |
| <b>FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM</b> |   |       |   | <input type="checkbox"/> |

| RATE                   | ADDI-<br>TIONAL<br>FEE | RATE                   | ADDI-<br>TIONAL<br>FEE |
|------------------------|------------------------|------------------------|------------------------|
| X .25                  |                        | OR X .50               |                        |
| X 100                  |                        | OR X 200               |                        |
| +180                   |                        | OR +360                |                        |
| <b>TOTAL ADDT. FEE</b> |                        | <b>TOTAL ADDT. FEE</b> |                        |

| AMENDMENT C   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         |
|---|---|-------|---|--------------------------|
|   | Total                                     | Minus |   | =                        |
| Independent   | Minus                                     |       |   | =                        |
| <b>FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM</b> |   |       |   | <input type="checkbox"/> |

| RATE                   | ADDI-<br>TIONAL<br>FEE | RATE                   | ADDI-<br>TIONAL<br>FEE |
|------------------------|------------------------|------------------------|------------------------|
| X .25                  |                        | OR X .50               |                        |
| X 100                  |                        | OR X 200               |                        |
| +180                   |                        | OR +360                |                        |
| <b>TOTAL ADDT. FEE</b> |                        | <b>TOTAL ADDT. FEE</b> |                        |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.